

Memo

To: FH-contracted Facility Medical Directors

Division of Family Practice Long-Term Care Initiative Physician Leads

Division of Family Practice Executive Directors

From: Fraser Health Long-Term Care COVID-19 Physician Task Force

Dr. Akber Mithani, Regional Medical Director, Long-Term Care & Assisted Living

CC: Dee Chatha, Director, Long-Term Care Contract Services

Dr. Andrew Larder, Executive Medical Health Officer for Population & Public Health/

Medical Health Officer for LTC

Norm Peters, Vice President, Regional Care Integration

Irene Sheppard, Executive Director, Regional Care Integration

Date: Friday, May 29, 2020

Re: Long-Term Care COVID-19 Physician Task Force Memo #8

The Long-Term Care COVID-19 Physician Task Force was created to provide direction for critical physician-related issues in regards to COVID-19 in Fraser Health-funded long-term care homes.

Attachments are referenced in red under each point.

1. Task Force Recommendations on LTC Visits

The LTC Covid Task Force would like to thank all the physicians and clinicians who have strived to continue to provide the best care possible to their patients during this pandemic. By implementing restrictions, enhancing screening, extensive testing, limiting care workers to one site, use of PPE and restriction of nonessential medical visits via telemedicine; you have prevented the extensive entry of COVID into our LTC homes.

As physicians, we have a duty to carefully weigh the risk and benefits of any intervention. At this time, the prevalence in the community is low and through the proper use of PPE and infection control practices, the risk for physician's introducing COVID into LTC can be mitigated. Despite this low risk, the ramifications of any outbreak in one of our LTC facilities could be catastrophic. As such, resumption of our previous standards and practices in visiting our LTC residents is not feasible.

During this pandemic we have always encouraged on site visits when clinically necessary to provide the care needed to our residents, however, through the advent of technology and the policy changes with MSP, we have been able to leverage the use of telemedicine. This has allowed us to significantly reduce the need for onsite visits while ensuring safety in patient care. In consideration of these factors, we are making the following recommendations regarding physician and clinician visits to LTC.



Memo

RECOMMENDATIONS:

- 1. All care conferences and medication reviews should continue to be conducted virtually.
 - Activities that do not require direct patient contact should be done remotely using telephone or videoconferencing technology to reduce the amount of in person exposure to residents and staff in order to reduce risk for viral transmission.
- 2. In person site visits by physicians for elective/preventative care is now permissible but not mandatory.
 - We recognize that some physicians feel they are not able to provide the same level of care using telemedicine in some situations due to limitations of technology at their site or due to other reasons. As physicians, we must continue to use our clinical judgement to evaluate when this is so and act accordingly. We strongly recommend that you continue to leverage telemedicine to reduce the necessity for onsite visits as much as possible when clinically safe to do so, in order to minimize the risk of viral transmission.
- 3. Those working in COVID testing sites, COVID specific hospital wards or in any situation for HIGH risk of infection are strongly recommended to continue to see residents virtually through telemedicine.
 - We suggest when feasible that anyone in this situation should be asking a colleague or their Facility Medical Director, to assist with providing an alternative designate to provide in person care for any medically necessary visits.
- 4. For those who work in general hospital wards, community clinics, hospice or other sites that employ approved COVID protection measures, please proceed in the following ways:
 - There is no longer a need to quarantine yourself, for any number of days, from LTC after such work. Although it is advised to visit your long-term care site first on any day you will be working elsewhere.
 - Through the use of proper PPE and infection control procedures, the risk for physician infection and spread is very low. However, we still strongly recommend that you continue to leverage telemedicine to reduce onsite visits as much as possible in order to minimize the risk of viral transmission.
- 5. For those choosing to provide in person elective/preventative care we ask that you limit your visits to each LTC home to once per month.
 - Preventative health continues to be an important aspect of patient care and we encourage that these
 proactive visits still occur. Again, when possible this can be provided using telemedicine to reduce the risk
 of viral transmission.
- 6. Those working in multiple LTC homes who choose to do onsite elective/preventative visits should only be attending 1 home per week.
 - The rational is to reduce the risk of a physician who may be infected but asymptomatic from inadvertently infecting multiple care homes. Although the incubation period is up to 14 days for COVID, we feel seven days is a reasonable timeframe when considering risk versus the need for care. Physicians should continue to limit themselves to one visit per individual LTC home per month for elective/preventative visits.



Memo

7. All URGENT medical visits should continue to occur in person as clinically appropriate.

- The patient's primary physician or on call physician *may and should attend in person at multiple LTC sites* on the same day when clinically necessary or to prevent a hospital transfer.
- Ensure full use of PPE and infection control measures are taken and consider changing clothes and showering in between visits when practical.

We understand that site and regional specific limitations exist that may make some of these recommendations impractical or infeasible. If your site or region has issues of concern, we would encourage you to contact your COVID-19 Physician Task Force member or LTC Physician Services Leadership team to seek further guidance.

COVID-19 Physician Task Force:

Dr. Anthony Tran, Chair - anthony@transformmedicalcentre.com

Dr. Akber Mithani – akber.mithani@fraserhealth.ca

Dr. Ken Dueck - Ken. Dueck@fraserhealth.ca

Dr. Sandra Derkach - Sandra. Derkach@fraserhealth.ca

Dr. Larry Gustafson - larrygustafson@shaw.ca

Dr. Amber Jarvie - amber.jarvie@fraserhealth.ca

Dr. Ralph Jones - Ralph.Jones@fraserhealth.ca

Dr. Brianna Noon - brianna.noon@fraserhealth.ca

LTC Physician Services Leadership Team:

Dr. Sandra Derkach - Sandra. Derkach@fraserhealth.ca

Dr. Ken Dueck - Ken. Dueck@fraserhealth.ca

Dr. Nick Petropolis - <u>Nick.Petropolis@fraserhealth.ca</u>

Again, we want to thank all the physicians who provide exceptional care in our long-term care facilities. We will continue to monitor and adjust our recommendations based on the current state of the pandemic and communicate accordingly.

2. Task Force Resources on the FH Medical Staff

All previous memos and attachments can now be found on the FH Medical Staff site under the "Long-Term Care" dropdown here: http://medicalstaff.fraserhealth.ca/covid-19/

Please contact Kelly Nagel at kelly.nagel@fraserhealth.ca who can direct your question further.

Sincerely,

Dr. Anthony Tran, Chair

Dr. Ken Dueck

Dr. Sandra Derkach

Dr. Larry Gustafson

Dr. Amber Jarvie

Dr. Ralph Jones

Dr. Brianna Noon